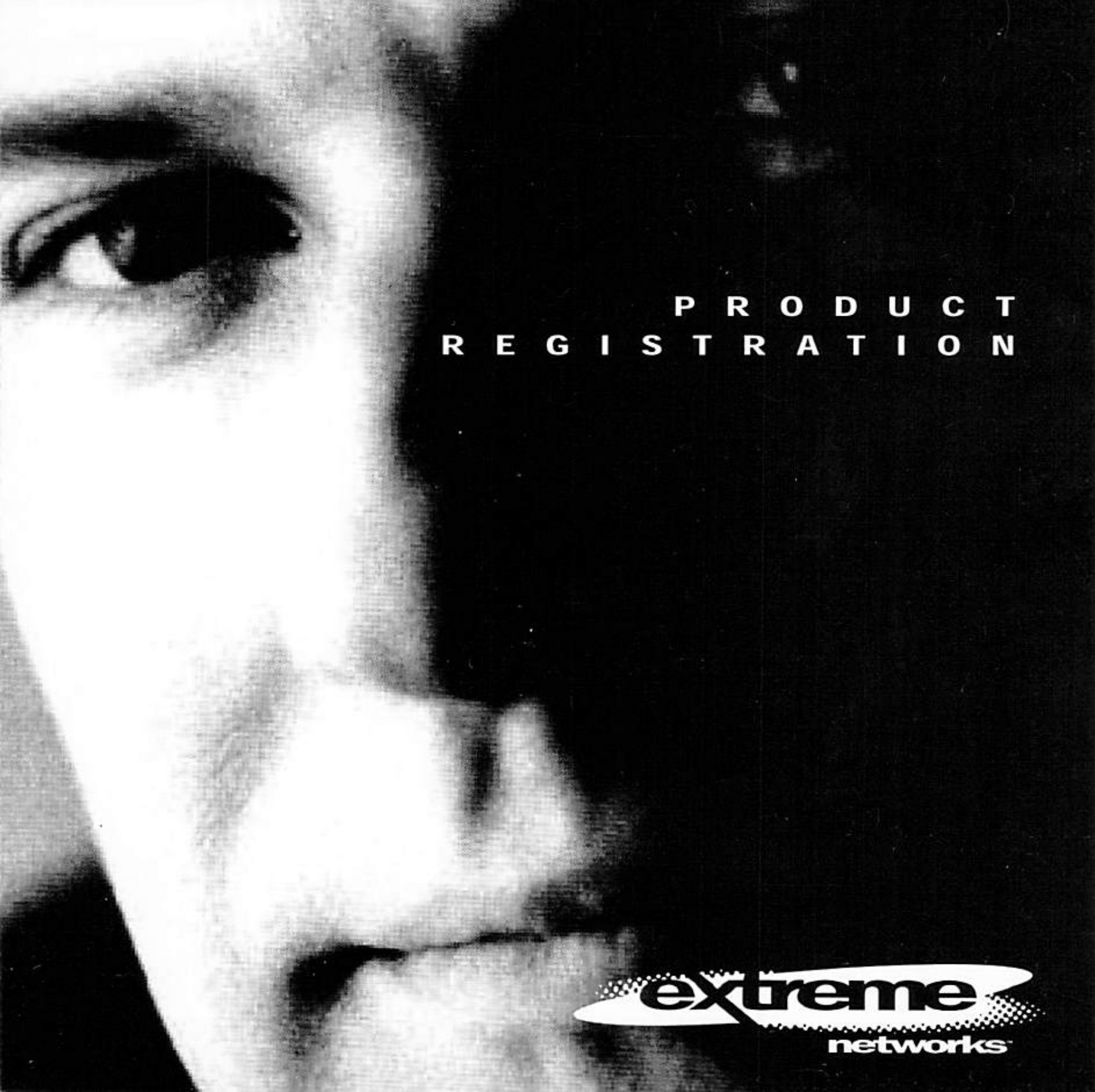
PRODUCT
REGISTRATION
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PRODUCT REGISTRATION

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Product Name	Serial Number	Purchase/Invoice Date

Name of Reseller: _____

Your Name: _____ **Title:** _____

Company: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Country:** _____

Phone: _____ **Fax:** _____ **Email:** _____

1) Please indicate whether you are an end user or reseller:

☐ End user ☐ Reseller

2) Which of the following best describes your business?

☐ Service provider ☐ Enterprise network ☐ E-Commerce ☐ Telco

☐ Other: _____

3) How many nodes does your network have?

☐ ≤ 100 ☐ 100 - 499 ☐ 500 - 999 ☐ 1,000 - 5,000 ☐ ≥ 5,000

4) Where did you first learn about Extreme Networks' products?

☐ Direct mail/Ad ☐ Seminar ☐ Reseller ☐ Trade show

☐ Other: _____

5) Other network equipment you intend to buy in the next 12 months:

☐ Ethernet hubs ☐ Ethernet switches ☐ Ethernet adapter cards

☐ Network management software ☐ Other: _____

6) What other vendors/solutions did you consider for this purchase?

_____

7) ☐ **Please register me as a member of the Users Group.**

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